

## Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

For the 2008 calendar year, or tax year beginning

, 2008, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Name of organization GREYHOUND PETS OF AMERICA		<b>D</b> Employer identification number 95-4231567
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1210 N. CYPRESS STREET		<b>E</b> Telephone number (503) 826-1726
		City, town or country State ZIP code + 4 LA HABRA HEIGHTS CA 90631		<b>G</b> Gross receipts \$ 1,627,458.
		<b>F</b> Name and address of principal officer RORY GOREE 1210 N. CYPRESS STREET LA HABRA HEIGHTS CA 90631		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: www.greyhoundpets.org				
<b>K</b> Type of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <input type="checkbox"/> <b>L</b> Year of formation <b>M</b> State of legal domicile				

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO LOCATE RESPONSIBLE, LOVING HOMES FOR GREYHOUNDS THAT FAIL TO QUALIFY OR NO LONGER QUALIFY FOR THE RACETRACK AND TO EDUCATE THE PUBLIC ABOUT THE GREYHOUNDS, STRESSING THEIR DESIRABILITY AS PETS.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 110
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 110
Revenue	5 Total number of employees (Part V, line 2a)	5 0
	6 Total number of volunteers (estimate if necessary)	6 762
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 633,578. Current Year 579,988.
	9 Program service revenue (Part VIII, line 2g)	201,751. 56,325.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,399. 3,727.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,359. 110,796.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	942,087. 750,836.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		861,017. 747,620.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		875,942. 755,623.
19 Revenue less expenses. Subtract line 18 from line 12		66,145. -4,787.
20 Total assets (Part X, line 16)		Beginning of Year 563,269. End of Year 439,084.
21 Total liabilities (Part X, line 26)		6,553. 3,244.
22 Net assets or fund balances. Subtract line 21 from line 20	556,716. 435,840.	

## Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer R.T. VINNACOMBE Type or print name and title	Date 9-12-09 TREASURER
Paid Preparer's Use Only	Preparer's signature ROLAND A. MANESS, CPA Firm's name (or yours if self-employed), address, and ZIP + 4 16215 NORTH FWY SUITE 204 HOUSTON TX 77090-5515	Date 09/02/09 Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) EIN (281) 440-1146 Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO LOCATE  
RESPONSIBLE, LOVING HOMES FOR GREYHOUNDS THAT FAIL TO QUALIFY OR  
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 709,037. including grants of \$ 8,003.) (Revenue \$ 56,325.)

PLACED 614 RETIRED RACING GREYHOUNDS IN HOMES. TRANSPORTED 667  
RETIRED RACING GREYHOUNDS TO OTHER ADOPTION ORGANIZATIONS FOR  
PLACEMENT IN HOMES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ 709,037. (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	X	
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28a</b> X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>34</b>	X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>35</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	<b>37</b>	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	8	
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2 a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3 b</b>	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make any distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from other members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

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**Part VI Governance, Management and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body	110	
<b>1 b</b> Enter the number of voting members that are independent	110	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	X	
<b>6</b> Does the organization have members or stockholders?	X	
<b>7 a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7 b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9 a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	X	

**Section B. Policies**

	Yes	No
<b>12 a</b> Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b> The organization's CEO, Executive Director, or top management official?		X
<b>b</b> Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16 b</b>		

**Section C. Disclosures**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ See States Form 990 Filed In \_\_\_\_\_

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ ROBERT VINNACOMBE    12790 S.E. BLUFF ROAD,    SANDY,    OR    97055    (503) 826-1726

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☒ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFRY BETTERINI PRESIDENT (CENTRAL NH)	5.00	X		X						
CARIN GLICK SECRETARY (CENTRAL NH)	5.00	X		X						
JIM GLICK TREASURER (CENTRAL NH)	5.00	X		X						
DONNA HUBBARD HOUNDSKEEPER (CENTRAL NH)	1.00	X								
JEANNINE SCOTT FOSTER COORD. (CENTRAL NH)	1.00	X								
COLLEEN MACDONALD EVENTS COORD. (CENTRAL NH)	1.00	X								
DIANE CANFIELD NEWS EDITOR (CENTRAL NH)	1.00	X								
GAE UNDERHILL PARLIAMENTARIAN (CENTRAL NH)	1.00	X								
KIMBERLY KLUEG PRESIDENT (TRI-STATE)	20.00	X		X						
KATHY HOERSTING V.P. (TRI-STATE)	10.00	X		X						
DAVID BRISTOW TREASURER (TRI-STATE)	10.00	X		X						
MICHELLE DAY SECRETARY (TRI-STATE)	10.00	X		X						
BARB HUBBARD DIRECTOR (TRI-STATE)	10.00	X								
LEANN ALLEN FR CHAIR (TRI-STATE)	10.00	X								
STACEY MCCARTY DIRECTOR (TRI-STATE)	10.00	X								
PATTI HAAS EVENTS COORD. (TRI-STATE)	5.00	X								
RICK GROENERT DIRECTOR (TRI-STATE)	5.00	X								

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON WASION DIRECTOR (TRI-STATE)	5.00	X								
DEBBY CLARK DIRECTOR (TRI-STATE)	5.00	X								
BARBARA GATES PRESIDENT (MN)	5.00	X		X						
MARK DOWNEY TREASURER (MN)	5.00	X		X						
ED MALL DIRECTOR (MN)	5.00	X								
PETER OPITZ DIRECTOR (MN)	5.00	X								
LORI RASMUSSEN DIRECTOR (MN)	5.00	X								
LISA QUAST V.P. (MN)	5.00	X		X						
PAT WALSH DIRECTOR (MN)	5.00	X								
SUSAN SPILLER SECRETARY (MN)	5.00	X		X						
NICOLE MIDDLECAMP DIRECTOR (MN)	5.00	X								
ALANE SHULTZ PRESIDENT (SPRINGFIELD)	15.00	X		X						
DANITA RAFFERTY V.P. (SPRINGFIELD)	1.00	X		X						
<b>1 b Total</b>										

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

**3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1a</b> Federated campaigns	<b>1a</b> 6,307.				
	<b>b</b> Membership dues	<b>1b</b> 4,555.				
	<b>c</b> Fundraising events	<b>1c</b> 64,455.				
	<b>d</b> Related organizations	<b>1d</b> 15,701.				
	<b>e</b> Government grants (contributions)	<b>1e</b> 31,914.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 457,056.				
	<b>g</b> Noncash contribs included in lns 1a-1f	\$ 51,175.				
	<b>h Total.</b> Add lines 1a-1f		579,988.			
<b>PROGRAM SERVICE REVENUE</b>		<b>Business Code</b>				
	<b>2a</b> ADOPTION	900099	28,800.	28,800.	0.	0.
	<b>b</b> TRANSPORTATION FEES	900099	27,525.	27,525.	0.	0.
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		56,325.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)		3,727.	0.	0.	3,727.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
		(i) Real (ii) Personal				
	<b>6a</b> Gross Rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ 64,455. of contributions reported on line 1c) See Part IV, line 18	<b>a</b> 89,767.				
	<b>b</b> Less direct expenses	<b>b</b> 65,114.				
	<b>c</b> Net income or (loss) from fundraising events		24,653.	0.	0.	24,653.
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b> 807,877.				
	<b>b</b> Less direct expenses	<b>b</b> 746,010.				
	<b>c</b> Net income or (loss) from gaming activities		61,867.	0.	0.	61,867.
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 89,774.				
	<b>b</b> Less cost of goods sold	<b>b</b> 65,498.				
<b>c</b> Net income or (loss) from sales of inventory		24,276.	0.	0.	24,276.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			750,836.	56,325.	0.	114,523.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,003.	8,003.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	3,283.	0.	3,283.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,654.	4,654.	0.	0.
13 Office expenses	4,684.	0.	4,684.	0.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,812.	15,812.	0.	0.
20 Interest	30.	0.	30.	0.
21 Payments to affiliates	2,503.	2,503.	0.	0.
22 Depreciation, depletion, and amortization	12,620.	12,620.	0.	0.
23 Insurance	13,055.	1,570.	11,485.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>VETERINARY SERVICES</u>	397,007.	397,007.	0.	0.
b <u>DOG FOOD</u>	58,743.	58,743.	0.	0.
c <u>GREYHOUND TRANSPORTATION</u>	48,854.	48,854.	0.	0.
d <u>BOARDING</u>	34,594.	34,594.	0.	0.
e <u>KENNEL EXPENSE</u>	30,751.	30,751.	0.	0.
f All other expenses	121,030.	93,926.	27,104.	0.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	755,623.	709,037.	46,586.	0.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2008)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing	276,535.	1	238,554.
	2 Savings and temporary cash investments	175,011.	2	110,201.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,260.	4	2,883.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	72,880.	8	56,595.
	9 Prepaid expenses and deferred charges		9	296.
	10a Land, buildings, and equipment: cost basis	10a 109,304.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 78,749.	10c	30,555.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	563,269.	16	439,084.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	6,041.	17	3,244.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	512.	22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	6,553.	26	3,244.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	556,716.	30	435,840.
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances.</b>	556,716.	33	435,840.
	34 <b>Total liabilities and net assets/fund balances</b>	563,269.	34	439,084.

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

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Form 990 (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	417,885.	448,569.	470,046.	519,949.	579,187.	2,435,636.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-3	417,885.	448,569.	470,046.	519,949.	579,187.	2,435,636.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						401,926.
<b>6 Public support.</b> Subtract line 5 from line 4						2,033,710.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	417,885.	448,569.	470,046.	519,949.	579,187.	2,435,636.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,386.	1,067.	2,363.	3,529.	3,727.	45,072.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						2,480,708.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,989,568.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	81.98 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	97.14 %
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a 33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

## Part IV

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements****Attach to Form 990. To be completed by organizations that  
answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

GREYHOUND PETS OF AMERICA

Employer identification number

95-4231567

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition  
☐ b Scholarly research  
☐ c Preservation for future generations  
☐ d Loan or exchange programs  
☐ e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	6,693.				
b Contributions	73,025.				
c Investment earnings or losses	11.				
d Grants or scholarships					
e Other expenditures for facilities and programs	75,618.				
f Administrative expenses					
g End of year balance	4,111.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 100.00 %  
 b Permanent endowment ▶ %  
 c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		51,972.	33,166.	18,806.
e Other		57,332.	45,583.	11,749.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				30,555.

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Schedule D (Form 990) 2008

**Part VII Investments—Other Securities** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related** (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, Col. (B) line 13.)		

**Part IX Other Assets** (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15)	

**Part X Other Liabilities** (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Pt V Line 4 \_\_\_\_\_ FUNDS ARE USED FOR MEDICAL CARE OF GREYHOUNDS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>YARD SALE</u> (event type)	(b) Event #2 <u>5K PET WALK</u> (event type)	(c) Other Events <u>4</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	29,428.	9,156.	26,791.	65,375.
	2 Less: Charitable contributions	14,714.	0.	12,737.	27,451.
	3 Gross revenue (line 1 minus line 2)	14,714.	9,156.	14,054.	37,924.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes		48.		48.
	6 Rent/facility costs			1,650.	1,650.
	7 Other direct expenses	14,714.	1,628.	18,131.	34,473.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				36,171.
	9 Net income summary. Combine lines 3 and 8 in column (d)				1,753.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue	157,150.	538,699.	112,028.	807,877.
	2 Cash prizes	201,158.	407,025.	293.	608,476.
DIRECT EXPENSES	3 Non-cash prizes			540.	540.
	4 Rent/facility costs	31,000.			31,000.
	5 Other direct expenses	11,209.	28,598.	66,187.	105,994.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes <u>100.00 %</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>100.00 %</u> <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>5.00 %</u> <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				746,010.
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				61,867.

9 Enter the state(s) in which the organization operates gaming activities: See Schedule G (Form 990 or Form 990-EZ), Part III, Line 9 (continued)

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a	X	
10a		X
11	X	
12		X

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

<b>13a</b>	%
<b>13b</b>	100.00 %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and recordsName ▶ STATEMENT ATTACHEDAddress ▶ STATEMENT ATTACHED**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager informationName ▶ STATEMENT ATTACHED

Gaming manager compensation ▶ \$ \_\_\_\_\_ 0.

Description of services provided ▶ STATEMENT ATTACHED☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

	YES	NO
<b>15a</b>		X
<b>17a</b>		X







**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

GREYHOUND PETS OF AMERICA

95-4231567

**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KELLI FLECK SECRETARY (SPRINGFIELD)	1.00	X		X						
VICKIE PHANCO TREASURER (SPRINGFIELD)	1.00	X		X						
ANGELA KUMMEL PRES. (N. VIRGINIA)	5.00	X		X						
CHRIS CUTLER V.P. (N. VIRGINIA)	3.00	X		X						
LAURA DE FRAIA SEC. (N. VIRGINIA)	3.00	X		X						
REGAN MAHONEY TREAS. (N. VIRGINIA)	4.00	X		X						
REBECCA KATZER DIRECTOR (N. VIRGINIA)	5.00	X								
NATALIE YORK DIRECTOR (N. VIRGINIA)	3.00	X								
FRITZ KATHE DIRECTOR (N. VIRGINIA)	3.00	X								
CHRIS MILLER PRESIDENT (DAYTONA)	7.00	X		X						
SHEILA HANCOCK V.P. (DAYTONA)	1.00	X		X						
KRISTI HARMON SECRETARY (DAYTONA)	1.00	X		X						
LAURENE HERWALD TREASURER (DAYTONA)	4.00	X		X						
DONNADINE MILLER DIRECTOR (DAYTONA)	1.00	X								
MIKE FERRIS DIRECTOR (DAYTONA)	1.00	X								
STEVE CASSERLY DIRECTOR (DAYTONA)	1.00	X								
ANN BOLENS PRES. (EM. COAST)	40.00	X		X						
JENNIFER CULLEN V.P. (EM. COAST)	15.00	X		X						
LYNN MANN HUGHES TREAS. (EM. COAST)	25.00	X		X						
CONNIE MCMILLAN SECRETARY (EM. COAST)	15.00	X		X						
CATHY STREETER DIRECTOR (EM. COAST)	14.00	X								

**SCHEDULE J-2**  
(Form 990)

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

GREYHOUND PETS OF AMERICA

95-4231567

**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS STREETER DIRECTOR (EM. COAST)	5.00	X								
LORI DOUGLAS DIRECTOR (EM. COAST)	5.00	X								
PAT RICHOSZ DIRECTOR (EM. COAST)	5.00	X								
JODI LOWERY CO-V.P. (EM. COAST)	5.00	X								
MARSHA KELLEY DIRECTOR (EM. COAST)	5.00	X								
ROGER SPENCER DIRECTOR (EM. COAST)	5.00	X								
MICHAEL J. BEAVERS PRES. (LOUISVILLE)	10.00	X		X						
LYLE J. WRALEY DIRECTOR (LOUISVILLE)	2.50	X								
GENEVA M. FORD SEC/TREAS (LOUISVILLE)	2.50	X		X						
LOIS MAUK DIRECTOR (LOUISVILLE)	3.75	X								
JAMES L. WILBERT DIRECTOR (LOUISVILLE)	1.00	X								
CAROLE S. BUCKMAN DIRECTOR (LOUISVILLE)	2.50	X								
PEGGY L. HUNTER DIRECTOR (LOUISVILLE)	1.00	X								
STEVE REED DIRECTOR (LOUISVILLE)	1.00	X								
TINA P. BRYANT V.P. (LOUISVILLE)	2.50	X		X						
JO ANN MARSHALL CO-PRES. (TENNESSEE)	2.00	X		X						
KATHY BROCK V.P. (TENNESSEE)	1.00	X		X						
NANCY BUCHANAN SEC/TREAS (TENNESSEE)	2.00	X		X						
KEN BUCHANAN DIRECTOR (TENNESSEE)	1.00	X								
TIM MARSHALL CO-PRES. (TENNESSEE)	1.00	X		X						
LIZ TRAPP PRESIDENT (NASHVILLE)	4.00	X		X						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

**Open to Public  
Inspection**

Name of the Organization

Employer Identification number

GREYHOUND PETS OF AMERICA

95-4231567

**Part II Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL MACHEREY V.P. (NASHVILLE)	4.00	X		X						
PAMELA NEIMAN SEC. (NASHVILLE)	8.00	X		X						
KENT HIDAY TREAS. (NASHVILLE)	4.00	X		X						
RAMONA GROVE DIRECTOR (NASHVILLE)	1.50	X								
MARDY FONES DIRECTOR (NASHVILLE)	2.00	X								
JAN BORNSTEIN DIRECTOR (NASHVILLE)	1.50	X								
DAN TRIPP PRES. (ROCKY MOUNTAIN)	5.00	X		X						
BRENT SCHLAPPY V.P. (ROCKY MOUNTAIN)	5.00	X		X						
WHITNEY OLSON TREAS. (ROCKY MOUNTAIN)	5.00	X		X						
REBECCA SCHATZKE SEC. (ROCKY MOUNTAIN)	5.00	X		X						
TRISH OLSON DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
SHERI GLASPEY DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
DANA ROBINSON DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
LAURA HENNING DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
LOU ELMORE DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
PAM PEARSON DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
JOHN PEARSON DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
JONI MUIR DIRECTOR (ROCKY MOUNTAIN)	2.00	X								
CAROL TRIPP ACQ. REP. (ROCKY MOUNTAIN)	2.00			X						
JUDY PFAFF ACQ. REP. (ROCKY MOUNTAIN)	2.00			X						
MARTHA FROHBOESE PRES. (GREATER NORTHWEST)	5.00	X		X						

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2**  
(Form 990)

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

GREYHOUND PETS OF AMERICA

95-4231567

**Part I Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN SMITH V.P. (GREATER NORTHWEST)	1.00	X		X						
JUNE MCBRIDE SEC/TREAS (GREATER NORTHWEST)	3.00	X		X						
DONALD FROHBOESE DIRECTOR (GREATER NORTHWEST)	1.00	X								
TIM DEVINE TREASURER (GREATER NORTHWEST)	1.00	X		X						
LENORE GOFF DIRECTOR (GREATER NORTHWEST)	1.00	X								
CHRISTINA WELCH DIRECTOR (GREATER NORTHWEST)	1.00	X								
JOHN WELCH DIRECTOR (GREATER NORTHWEST)	1.00	X								
SARA SPEARS DIRECTOR (GREATER NORTHWEST)	1.00	X								
JULIE VAN SICKLE DIRECTOR (GREATER NORTHWEST)	1.00	X								
RONDA COREY DIRECTOR (GREATER NORTHWEST)	1.00	X								
NANCY SLAUGHTER DIRECTOR (GREATER NORTHWEST)	1.00	X								
JANICE JONES PRES. (NORTHWEST)	9.00	X		X						
MICHELLE CORSE V.P. (NORTHWEST)	5.00	X		X						
SYBL RUSSELL SEC. (NORTHWEST)	7.00	X		X						
CAROL VINNACOMBE TREAS. (NORTHWEST)	5.00	X		X						
SHEILA PASLIN DIRECTOR (NORTHWEST)	7.00	X		X						
VANESSA PERRIN DIRECTOR (NORTHWEST)	2.00	X		X						

**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ.  
► To be completed by organizations that answered  
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

GREYHOUND PETS OF AMERICA

Employer identification number

95-4231567

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					► \$					

**Part III Grants or Assistance Benefitting Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RUN FOR ADOPTION, INC.	SEE ATTACHED STMT.	3,000.	KENNEL SERVICES		X
DAN TRIPP	SEE ATTACHED STMT.	4,525.	KENNEL SERVICES		X

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Non-Cash Contributions**

► To be completed by organizations that answered 'Yes'  
on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Name of the organization

GREYHOUND PETS OF AMERICA

Employer identification number

95-4231567

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VARIOUS AUCTION ITEMS)	X	470	51,175.	FAIR MARKET VALUE
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1.

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a X

31 X

32a X

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**Q**



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

GREYHOUND PETS OF AMERICA

Employer identification number

95-4231567

Pt VI-A, Line 2 GPA NEW HAMPSHIRE (02-0424800) CARIN GLICK, JIM GLICK: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA TRI-STATE (20-0167369) KIMBERLY KLUEG, BARB HUBBARD: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA EMERALD COAST (59-3520303) CATHY STREETER, CHRIS STREETER: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA LOUISVILLE (61-1154609) MICHAEL J. BEAVERS, LOIS MAUK: FAMILY RELATIONSHIP

Pt III, Line 2 GPA TENNESSEE (62-1796699) TIM MARSHALL, JO ANN MARSHALL: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA TENNESSEE (62-1796699) NANCY BUCHANAN, KEN BUCHANAN: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA NASHVILLE (75-3018738) PAMELA NEIMAN, KENT HIDAY: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA ROCKY MOUNTAIN (81-0487005) DAN TRIPP, CAROL TRIPP: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA ROCKY MOUNTAIN (81-0487005) BRENT SCHLAPPY, JUDY PFAFF: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA ROCKY MOUNTAIN (81-0487005) JOHN PEARSON, PAM PEARSON: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA GREATER NORTHWEST (86-1105226) MARTHA FROHBOESE, DONALD FROHBOESE: FAMILY RELATIONSHIP

Pt VI-A, Line 2 GPA GREATER NORTHWEST (86-1105226) CHRISTINA WELCH, JOHN WELCH: FAMILY RELATIONSHIP

Pt VI-A, Line 5 GPA NORTHWEST (93-1027344) 2008 THEFT OF \$21,212 BY FORMER TREASURER

Pt VI-A, Line 5 PERSON NOW INCARCERATED; ORGANIZATION IMPLEMENTED IMPROVED INTERNAL

CONTROL PROCEDURES.

Pt VI-A, Line 6 GPA NEW HAMPSHIRE (02-0424800) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA TRI-STATE (20-0167369) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA MINNESOTA (41-1847511) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA SPRINGFIELD (43-1700948) THE ORGANIZATION DOES NOT HAVE MEMBERS.

Pt VI-A, Line 6 GPA NORTHERN VIRGINIA (54-1991029) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA DAYTONA (59-3516087) THE ORGANIZATION DOES NOT HAVE MEMBERS.

Pt VI-A, Line 6 GPA EMERALD COAST (59-3520303) THE ORGANIZATION DOES NOT HAVE MEMBERS.

Pt VI-A, Line 6 GPA LOUISVILLE (61-1154609) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA TENNESSEE (62-1796699) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA NASHVILLE (75-3018738) THE ORGANIZATION DOES NOT HAVE MEMBERS.

Pt VI-A, Line 6 GPA ROCKY MOUNTAIN (81-0487005) THE ORGANIZATION HAS MEMBERS.

Name of the organization

GREYHOUND PETS OF AMERICA

Employer identification number

95-4231567

Pt VI-A, Line 6 GPA GREATER NORTHWEST (86-1105226) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 6 GPA NORTHWEST (93-1027344) THE ORGANIZATION HAS MEMBERS.

Pt VI-A, Line 7a GPA NEW HAMPSHIRE (02-0424800) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA TRI-STATE (20-0167369) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA MINNESOTA (41-1847511) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA NORTHERN VIRGINIA (54-1991029) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA LOUISVILLE (61-1154609) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA TENNESSEE (62-1796699) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA ROCKY MOUNTAIN (81-0487005) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA GREATER NORTHWEST (86-1105226) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7a GPA NORTHWEST (93-1027344) MEMBERS ELECT THE GOVERNING BODY.

Pt VI-A, Line 7b GPA NEW HAMPSHIRE (02-0424800) MEMBERS CAN VOTE TO CHANGE DECISIONS OF  
GOVERNING BODY.

Pt VI-A, Line 7b GPA TENNESSEE (62-1796699) MEMBERS CAN VOTE ON ANY ACTION OF THE  
GOVERNING BODY.

Pt VI-A, Line 10 EACH CHAPTER'S GOVERNING BODY REVIEWS ITS 990 BEFORE IT IS SUBMITTED  
TO NATIONAL FOR INCLUSION IN THE GROUP RETURN.

Pt VI-B, Line 12c EACH CHAPTER FILES AN ANNUAL STATEMENT DISCLOSING CONFLICTS AND  
ACCEPTANCE OF A "CONDUCT OF ETHICAL STANDARDS" FOR ALL BOARD  
MEMBERS & KEY STAFF. EACH CHAPTER HAS A COMPLIANCE OFFICER,  
INDEPENDENT OF THE BOARD, TO MONITOR AND REVIEW COMPLAINTS  
OR CONFLICTS DURING THE YEAR. IF THE CONFLICT CAN'T BE RESOLVED AT THE  
LOCAL LEVEL, THE LOCAL COMPLIANCE OFFICER CAN REPORT IT TO THE NATIONAL  
OFFICERS FOR REVIEW. THERE IS NO POLICY RESTRICTING PARTICIPATION  
DURING INVESTIGATION OF A POTENTIAL CONFLICT.

Pt VI-B, Line 15 IT IS THE POLICY OF EACH CHAPTER NOT TO COMPENSATE THE CEO, EXECUTIVE  
DIRECTOR, TOP MANAGEMENT OFFICIAL, OFFICERS, OR KEY EMPLOYEES.

Name of the organization

GREYHOUND PETS OF AMERICA

Employer identification number

95-4231567

Pt VI-C, Line 19 AVAILABLE UPON SPECIFIC REQUEST

Pt VI-A, line 11 CARIN GLICK, 201 BLUCHER ST., MANCHESTER, NH 03102

Pt VI-A, line 11 JIM GLICK, 201 BLUCHER ST., MANCHESTER, NH 03102

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2008**Attachment  
Sequence No **67**

Name(s) shown on return

GREYHOUND PETS OF AMERICA

Identifying number  
95-4231567

Business or activity to which this form relates

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,616.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		8,166.	7.0 yrs	HY	200DB	1,166.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	6,838.
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	12,620.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>24b</b> If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>			
<b>26</b> Property used more than 50% in a qualified business use:										
VAN & TRAILER (EM COA)	07/01/03	100.00	25,426.	12,713.	5.00	200DB/HY	0.			
CHEVROLET TRUCK (DAYT)	05/10/06	100.00	26,906.	26,906.	5.00	200DB/HY	5,166.			
See Additional Listed Property Statement							1,672.			
<b>27</b> Property used 50% or less in a qualified business use:										
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	6,838.		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>			

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2008 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

Name  
GREYHOUND PETS OF AMERICA

Employer Identification No  
95-4231567

Group Exemption Number (GEN)

► 4102

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
GREYHOUND PETS OF AMERICA CENTRAL NEW HAMPS Foreign City/Country if applicable	PO BOX 778 CONCORD NH 03302-0778	02-0424800
GREYHOUND PETS OF AMERICA TRI-STATE Foreign City/Country if applicable	14750 DARMSTADT RD. EVANSVILLE IN 47725	20-0167369
GREYHOUND PETS OF AMERICA-MINNESOTA Foreign City/Country if applicable	PO BOX 49183 MINNEAPOLIS MN 55449	41-1847511
GREYHOUND PETS OF AMERICA SPRINGFIELD Foreign City/Country if applicable	2016 S ARLINGTON TERRACE SPRINGFIELD MO 65804	43-1700948
See List of Affiliates Included in Return		
Foreign City/Country if applicable		

Form 990, Question H

Continued

**List of Affiliates Included in Return**

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
GREYHOUND PETS OF AMERICA DAYTONA	960 S. WILLIAMSON BLVD.	59-3516087
Foreign City/Country if applicable	DAYTONA BEACH FL 32114	
GREYHOUND PETS OF AMERICA EMERALD COAST	P.O. BOX 64	59-3520303
Foreign City/Country if applicable	GONZALEZ FL 32560-0064	
GREYHOUND PETS OF AMERICA LOUISVILLE	6409 SOUTH DRIVE	61-1154609
Foreign City/Country if applicable	LOUISVILLE KY 40272-4529	
GREYHOUND PETS OF AMERICA TENNESSEE	12104 BROADWOOD DR	62-1796699
Foreign City/Country if applicable	KNOXVILLE TN 37934	
GREYHOUND PETS OF AMERICA-NASHVILLE	PO BOX 1042	75-3018738
Foreign City/Country if applicable	GOODLETTSVILLE TN 37070	
GREYHOUND PETS OF AMERICA ROCKY MOUNTAIN	4 LINDA LANE	81-0487005
Foreign City/Country if applicable	GREAT FALLS MT 59404	
GREYHOUND PETS OF AMERICA GREATER NORTHWEST	16708 N. RIMROCK RD	86-1105226
Foreign City/Country if applicable	HAYDEN ID 83835-9374	
GREYHOUND PETS OF AMERICA-NORTHWEST	P.O. BOX 6524	93-1027344
Foreign City/Country if applicable	PORTLAND OR 97228-6524	

Schedule O (Form 990), Supplemental Information to Form 990

**Form 990, Page 2, Part III, Line 1 (continued)**

Briefly describe the organization's mission:

NO LONGER QUALIFY FOR THE RACETRACK AND TO EDUCATE THE PUBLIC  
ABOUT THE GREYHOUNDS, STRESSING THEIR DESIRABILITY AS PETS.

Schedule O (Form 990) Supplemental Information to Form 990

**Form 990, Page 6, Line 11 (continued)**

Name	Address	City	St	ZIP
CARIN GLICK	201 BLUCHER ST.	MANCHESTER	NH	03102
JIM GLICK	201 BLUCHER ST.	MANCHESTER	NH	03102

Form 990, Page 6, Line 17

**States Form 990 Filed In**

Florida  
Kentucky  
Tennessee

Schedule O (Form 990), Supplemental Information to Form 990

**Schedule G (Form 990 or Form 990-EZ), Part III, Line 9 (continued)**

Enter the state(s) in which the organization operates gaming activities:

New Hampshire  
Kentucky

Form 4562, line 26

**Additional Listed Property Statement**

(a) Type of property	(b) Date placed in service	(c) Business/ investmt use %	(d) Cost or other basis	(e) Basis for deprecia- tion	(f) Re- covery period	(g) Method/ Con- vention	(h) Deprecia- tion deduction	(i) Elected section 179 cost
TRAILER (CENTRAL	01/15/06	100.00	3,500.	3,500.	5.00	200DB/HY	672.	
CHEVY VAN (KEYSTO	05/01/07	100.00	9,466.	9,466.	5.00	200DB/HY	0.	
FORD VAN (LOUISVI	07/18/08	100.00	5,000.	5,000.	5.00	200DB/HY	1,000.	
Total							1,672.	

Form 990, Question H

**List of Affiliates Included in Return**

(A) Affiliate Name	(B) Affiliate Address	(C) Affiliate EIN
GREYHOUND PETS OF AMERICA NORTHERN VIRGINIA	PO BOX 6037	54-1991029
Foreign City/Country if applicable	WOODBIDGE VA 22195	



Additional Information For Tax Return

GREYHOUND PETS OF AMERICA

95-4231567

Sch. G, page 3: Name of Preparer

GPA NH-JIM GLICK  
GPA LOUISVILLE-GENEVA M. FORD

Sch. G, page 3: Address of Preparer

GPA NH-201 BLUCHER ST. MANCHESTER, NH 03102

GPA LOUISVILLE-6409 SOUTH DRIVE  
LOUISVILLE, KY 40272-4529

Sch. G, page 3: Name of Gaming Manager

GPA NH-JIM GLICK  
GPA LOUISVILLE-GENEVA M. FORD

Sch. G, page 3: Services Provided

GPA LOUISVILLE-RAN EVENTS, BOOKKEEPING AND RECORD KEEPING

Schedule L: Part IV, column b-1

DAN TRIPP IS THE PRESIDENT OF THE GPA ROCKY MOUNTAIN ORGANIZATION AND PROVIDED A PRIVATE KENNEL FACILITY AS A BUSINESS, KNOWN AS RUN FOR ADOPTION INC., WHICH PROVIDED SERVICES FOR PAY TO THE ORGANIZATION.

Schedule L: Part IV, column b-2

DAN TRIPP IS THE PRESIDENT OF THE GPA ROCKY MOUNTAIN ORGANIZATION AND OPERATED A PRIVATE KENNEL FACILITY, WHICH PROVIDED SERVICES FOR PAY TO THE ORGANIZATION.

**Miscellaneous Statement****FORM 990, PART I, LINE 22, RECONCILIATION OF FUND BALANCE****CHAPTERS INCLUDED IN 2007 GROUP RETURN, BUT  
NOT INCLUDED IN 2008 GROUP RETURN:**

01-0799328 (GPA/CHARLESTON)	-7,883.
16-1750056 (GPA/DELAWARE)	-3,928.
20-1445762 (GPA/MOKAN)	-2,276.
20-1720077 (GPA/SALT LAKE)	-7,021.
20-2307522 (GPA/CONNECTICUT)	-5,448.
32-0147194 (GPA/S. ALABAMA)	-2,906.
38-3534396 (GPA/MICHIGAN)	-3,849.
41-2133541 (GPA/KEYSTONE)	-34,648.
42-1727211 (GPA/TUCSON)	-1,205.
43-2042407 (GPA/NORTH TX)	-27.
48-1261536 (GPA/CENTRAL OK)	-19,881.
57-1114996 (GPA/S. CAROLINA)	-11,952.
73-1422799 (GPA/OKLAHOMA)	-3,806.
74-3129673 (GPA/COASTAL)	-37.
88-0414638 (GPA/SOUTHERN NEVADA)	-16,919.

**CHAPTERS NOT INCLUDED IN 2007 GROUP RETURN,  
BUT INCLUDED IN 2008 GROUP RETURN:**

81-0487005 (GPA/ROCKY MOUNTAIN)	7,718.
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**RESTATEMENT OF ASSETS AND LIABILITIES AT BEGINNING OF YEAR:**

02-0424800 (GPA/NEW HAMPSHIRE)	-49.
86-1105226 (GPA/GREATER NORTHWEST)	-1,972.

**BEGINNING FUND BALANCE****REVENUE LESS EXPENSES**

556,716.

-4,787.

Total

435,840.